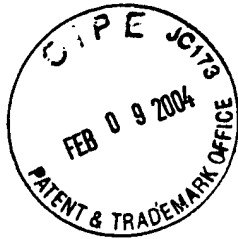


03500.016247



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
	:	Examiner: Q. Grainger
Hikaru OSADA)	
	:	Group Art Unit: 2852
Application No.: 10/086,735)	
	:	
Filed: March 4, 2002)	Confirmation No.: 2204
	:	
For: IMAGE FORMING APPARATUS)	February 9, 2004
HAVING SPEED-CHANGEABLE	:	(Monday)
IMAGE BEARING BODY)	

MAIL STOP NON-FEE AMENDMENT

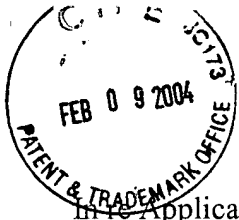
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action dated November 7, 2003, Applicant respectfully submits the following amendments and remarks.

RECEIVED
FEB 13 2004
TECHNOLOGY CENTER 2800



2852

In re Application of:

Hikaru OSADA

Application No.: 10/086,735

Filed: March 4, 2002

For: IMAGE FORMING APPARATUS
HAVING SPEED-CHANGEABLE
IMAGE BEARING BODY

Docket No. 03500.016247

Examiner: Q. Grainger

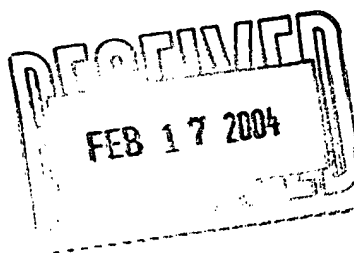
Group Art Unit: 2852

Confirmation No.: 2204

Date: February 9, 2004
(Monday)

MAIL STOP NON-FEE AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450



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Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	15	MINUS	20	0	x \$9 \$18	\$ -0-
INDEP. CLAIMS	3	MINUS	3	0	x \$43 \$86	-0-
Fee for Multiple Dependent claims \$140/\$280						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$ -0-

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.

☐ A check in the amount of \$_____ is enclosed.


☐ Charge \$____ to Deposit Account No. 06-1205. A duplicate of this sheet is enclosed.

☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate of this paper is enclosed.

☐ A check in the amount of \$____ to cover the fee for a ____ month extension is enclosed.

☐ A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicant's undersigned attorney may be reached in our Washington office by telephone at (202) 530-1010. All correspondence should be directed to our address given below.



Attorney for Applicant
Lawrence A. Stahl
Reg. No. 30,110

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200

MJD/ksp

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